

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

9990000719

☐ ☐ ☐

CODE NO.

Pick Up: 3-31-79 Time: _____ ☐ am ☐ pm
(DATE) 15

State Liquid Waste Hauler's Registration No. (if applicable): _____

Job No.: _____ No. of Loads or Trips: _____ Unit No. 9

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other _____ (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature]

SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer) ☒

Name (print or type): *Operation and Maintenance*

--	--	--

Site Address: *Montrose Park* CODE NO.

--	--	--

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

<input type="checkbox"/> treatment (specify):		
---	--	--

☒ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well☐ other (specify): _____

If waste is held for disposal elsewhere specify final location: _____

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300.

D.O.T. Proper Shipping Name

BILLING COPY